

# STATE OF NEW JERSEY - DIVISION OF PENSIONS AND BENEFITS

## AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT PAYMENT

**INSTRUCTIONS:**

- A: Read the terms and conditions listed below.
- B: Enter your name, mailing address, retirement number (for retirement payment and survivor benefit), Social Security number, and home telephone number.
- C: Mark the appropriate payment and account type boxes, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and 9-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
- D: You and all other parties to this account must sign the form.
- E: Attach a VOIDED check or deposit slip and return the completed form to the mailing address indicated.

**MAIL TO:**

**Direct Deposit**  
**Division of Pensions**  
**and Benefits**  
**PO Box 295**  
**Trenton, NJ 08625-0295**

**RECIPIENT INFORMATION** — Please Print Legibly

Your Name: \_\_\_\_\_ Retirement No: \_\_\_\_\_  
 (For Retirement Payment and Survivor Benefit Only)

Your Address: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone No: \_\_\_\_\_

**TYPE OF PAYMENT:** ☐ RETIREMENT PAYMENT/SURVIVOR BENEFIT ☐ DEFERRED COMPENSATION PLAN PAYMENT

_____ Your Account Number
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
_____ Financial Institution's 9-digit Routing Number

\_\_\_\_\_  
 Name of Financial Institution

\_\_\_\_\_  
 Street of Financial Institution

\_\_\_\_\_  
 City, State, Zip of Financial Institution

\_\_\_\_\_  
 Your Signature and Date

\_\_\_\_\_  
 Signature(s) of Other Persons On Account and Date(s)

Please read the terms and conditions below and  
**ATTACH A VOIDED CHECK IF AUTHORIZING A CHECKING ACCOUNT**  
 (used to verify your financial institution's routing and account number)

**TERMS AND CONDITIONS****Benefit Recipient**

I authorize the New Jersey Division of Pensions and Benefits and the financial institution indicated to directly deposit my net retirement allowance, survivor benefit, or Deferred Compensation Plan payment, each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance, survivor benefit, or Deferred Compensation Plan payment forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system or the Deferred Compensation Plan. I agree that the financial institution shall have the right of offset for such a refund.

I further understand that this agreement may be changed by me upon written notification to the Division of Pensions and Benefits. The change will be processed for the pay period following receipt of the notice by the Division. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, a notification must then be submitted. I understand that it is my responsibility to inform the Division of Pensions and Benefits of address changes immediately. I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

**Other Parties to the Account**

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowances, survivor benefit, or Deferred Compensation Plan payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system or the Deferred Compensation program. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.